

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Columbus Medical Association Political Action Committee						Registration Number, if PAC	
Full Name of Candidate							
Street Address 1390 Dublin Road				Office Sought		District	
City Columbus				State O H		Zip Code 43215	
Type of Report (Check one for this report)	Pre-Primary		Post-Primary		Pre-General		Annual Year
	July		August		September		Semiannual
	Monthly		Monthly		Monthly		Termination
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		M		D Y	
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For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Aggregate Receipts from all sources	\$ 11,200.36
2. Total Receipts from all sources	\$ 650.00
3. Total Disbursements from all sources	\$ 0.00
4. Total Cash on Hand at End of Period	\$ 11,850.36
5. Total Receipts from all sources	\$ 710.20
6. Total Disbursements from all sources	\$ 11,140.16
7. Value of Inventory at End of Period (Form No. 3517.10)	\$
8. Value of Inventory at End of Period (Form No. 3517.10)	\$
9. Total Receipts from all sources	\$
10. Total Disbursements from all sources	\$
11. Total Receipts from all sources	\$
12. Total Disbursements from all sources	\$
13. Total Receipts from all sources	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Robert Falcone, Dep. Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

12/9/19

Date

Contribution
pages 1

Expenditure
pages 1

Other
pages 3

Total
pages 5